

Arkansas Tobacco Settlement Commission Meeting Minutes

MEETING DATE: Wednesday, July 20, 2005	MEETING TIME: 1:30 p.m. to 4:00 p.m.
CHAIRPERSON: Bill B. Lefler	MEETING PLACE: University of Arkansas System Office
PERSON RECORDING: Chiquita Munir	Boardroom
<p>BOARD MEMBERS:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Present</p> <p>Gen. (Ret.) Bill B. Lefler, DDS, FACP, Chairman Dr. Gayle McClure (designee for John Ahlen, Ph.D.) Omar Atiq, M.D. Dr. Paul Halverson Dr. Karen Wheeler (designee for Linda Beene, Ed.D.) Bobbie Davis (designee for Ken James, Ed. D.) Roy Jeffus (designee for John Selig)</p> </div> <div style="width: 45%;"> <p>Not Present</p> <p>Anthony Fletcher, M.D. Ryan Buffalo, M.D.</p> </div> </div> <p>STAFF: Chiquita Munir Tracy Curtis</p> <p>INVITED GUESTS:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Ms. Donna Farley, RAND Ms. Tracy Gatling, AMHC Mr. Lo Vongsaravane, AMHC Ms. Leslie Humphries, ABI Dr. Larry Cornett, ABI Ms. Judy Smith, AMHC Beth Garrison, Governor's Office Suzanne McCarthy, ACHI</p> </div> <div style="width: 45%;"> <p>Willa Sanders, CPH Katherine Stewart, CPH Dr. Becky Hall, Delta AHEC Warren Readnour, Attorney General's Office Braley Braddock, ADH Dr. Claudia Beverly, COA Robin McAtee, COA</p> </div> </div>	

<p>RAND Interim Report cont'd.</p>	<p>Some identified concerns in the report:</p> <p>TPEP: Decrease in appropriation amounts for Tobacco Prevention Program; what does this imply? Possible funding erosion for the program where funds are already being allocated for non-tobacco programs.</p> <p>Medicaid Expansion: Lack of approval for 19 to 64 coverage Low enrollment</p> <p>Minority Health Commission: Priorities for African Americans and other minorities not done; planning needs being done to complete individual contracts for hypertension program and Eating/Moving for Life. High cost for enrollees; lower enrollment, but the cost did not decrease – alternatives being discussed regarding fixed rates for enrollments</p> <p>Most goals for all programs are quantifiable, but there is a high level of uncertainty for those that do not have quantifiable measures For example: long term goal for ADH is to pursue smoke-free environments & workplace policies</p>	<p>Outcomes: Can outcomes be attributed to ADH programs alone? NO</p> <ul style="list-style-type: none"> Smoking effects: RAND is not optimistic that there will be a significant change by 2005 AMHC: serving limited # of counties; we should make sure measures are valid in respect to the areas they serve <p>Governance issues: The Commission has not yet pursued; varies widely amongst programs, and role of governing boards</p> <p>TQI: Medicaid Expansion does not have process in place; Delta AHEC , AAI, AMHC in process of creating processes to track quality improvement</p> <p>Commission: Earmarking Commission funds for technical support to programs with future meetings with programs to identify needs and identify resources within to address those issues.</p> <ul style="list-style-type: none"> Financial Management: Commission is currently developing an agreement with DIS to create a customized web-based financial reporting system. 	
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It was recommended that we ask the CHC's for breakdown in expenditures; in the past there has been external scrutiny to work with structuring contracts to obtain this information; renew their contracts every July, create performance standards for contracts.

Discussion:

Dr. Atiq commented that financial payments should be directly linked to performance. He also stated the lack of data for other minorities (such as Hispanics), and we should focus on Hispanics because they are the 2nd highest population in our State.

Dr. Karen Wheeler asked if there could be specific amounts established for the services being provided in the hypertension program. For example, if they see 100 enrollees at a certain amount, maybe we could pay them on a reimbursable basis for patients they are treating.

Judy Smith stated that currently there are set amounts for screenings; new amounts for enrollees will be in place for the new fiscal year.

Dr. Halverson asked in regards to Cigarette taxes, the questions are what impact would a large amount have in our area? Are there suggestions to where the greatest impact can be?

Atiq: Do we have any other organizations to positively compete with CHC's for services to create a healthy competitive bid? For example, the AAI can collaborate to target the older population and also minorities to provide these same services.

Judy stated that there is massive under utilization by African Americans for services and we don't want to make it less likely for them to seek treatment, we need to figure out how to reach this population with the limited resources that are available, and right now patients who do seek treatment in these areas are more likely to utilize the CHC.

Gail McClure: What kind of media support does this program have, and is transportation available.

Judy responded that we realize that transportation has been a huge issue for this population.

Dr. Atiq said it would be more beneficial to draw from African Americans to work with Dr. Beverly and others to collaborate and make sure we have assurances in place to give them a continuum of care, maybe through local hospitals that already have the infrastructure and resources in place.

Becky Hall added that maybe we should address the people who need the help the most- but the issue has been how do we address them?

Judy: What improvements are being made across ALL programs to address or serve minorities?

Chiquita stated that is a question that we need to be asking our programs to report.

Halverson added that as a Commission, we determine from programs what they need, help them understand where they may secure tech assistance, orders of magnitude and with the level of sophistication of the programs, we should be able to arrive at a conclusion.

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP STEPS
Adjournment	<p>Dr. Atiq suggested that we help direct programs in getting what they need as far as technical support/assistance is concerned, stating also that this should not become the Commission's responsibility of the Commission.</p> <p>Dr. Halverson suggested having the Office of Smoking & Health from the CDC to come and give advice and ideas on how to address some of these issues. He said not everyone has the knowledge and expertise.</p> <p>Dr. McClure suggested that in line with being more proactive that we could have brainstorming sessions with a facilitator.</p> <p>Suzanne McCarthy of ACHI added there is a group of people here in this room that may be able to provide tech assistance for the Commission, or there are people in the public health community that can also provide this assistance. We need to parallel our activities with the state's focus on obesity and somehow refocus our state back on tobacco issues; by discussing current health indicators that cause health risks in a broader context.</p> <p>Halverson added that we can broadly focus on health – this is the year of health under our Governor!</p> <p>The meeting was adjourned at 3:50 p.m.</p>	<p>The next meeting is scheduled for October 20, and the location is TBA.</p>	